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Funding for Health Informatics to Promote Improved Coordination of Care

November 10, 2014



Dr. Gulzar Shah, Associate Dean for Research recently received a Georgia Department of Community Health/State Office of Rural Health, Rural Health Network Grant, in partnership with Irwin County Hospital (the lead applicant) and a Network of hospitals in Georgia. Working closely with the HealthIE Georgia Network Director Mr. Mark Renfro, Dr. Shah will oversee the evaluation process for this project. The primary objective of this project is to provide innovative solutions to a large number of hospitals for achieving Stage 2 of the Meaningful Use (MU) of electronic health records (EHRs). To this end, this initiative will enable sharing of centralized technical expertise and infrastructure and provide technical assistance and support, to promote centralized health information exchange (HIE) solutions. The long term objective is to promote improved coordination of care; eventually paving the path to improved health outcomes for Georgia's medically underserved population living in rural counties.

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Associations of State Legal Mandates

November 10, 2014



A collaborative study including Dr. Julie Reagan, examines *the association of state legal mandates for data submission of central line-associated bloodstream infections in neonatal intensive care units with process and outcome measures*. The study was conducted to determine the association between state legal mandates for data submission of central line-associated bloodstream infections (CLABSIs) in neonatal intensive care units (NICUs) with process and outcome measures. State mandates for data submission of CLABSIs in NICUs in place by 2011 were compiled and verified with state healthcare-associated infection coordinators. A web-based survey of infection control departments in October 2011 assessed CLABSI prevention practices, ie, compliance with checklist/bundle components (process measures) in ICUs including NICUs. Corresponding 2011 NHSN NICU CLABSI rates (outcome measures) were used to calculate standardized infection ratios (SIRs). Association between mandates and process and outcome measures was assessed by multivariable logistic regression. The study concluded that state mandates for NICU CLABSI data submission were

significantly associated with $\geq 95\%$ compliance with CLABSI prevention practices, which declined with the duration of mandate but not with lower CLABSI rates.

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Lessons to Transform Healthcare Performance

November 10, 2014

A collaborative study including Dr. James Stephens, MHA program director, and Dr. Gerald Ledlow, Health Policy and Management Department Chair, apply [ten lessons to transform healthcare performance](#). Healthcare costs worldwide continue to increase at an alarming rate. Within healthcare, supply chain costs are becoming one of the most critical areas of expense. Some firms have attempted to mitigate supply chain expenses and risks through strategic partnerships and outsourcing. One way to view these strategic relationships, and the risks they bring, is through the lens of transaction cost economics (TCE). Specifically in the United States, dynamic changes from reform efforts to healthcare delivery systems, and the industry as a whole, require a systematic re-thinking of all aspects of partnerships and outsourcing. The purpose of his article is to apply the lessons learned from Williamson's 2008 article on TCE and the supply chain as they directly relate to healthcare.

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